Review of IDN Calculated DSRIP Outcome Measures

April 26, 2017

NH Department of Health and Human Services

Overview

- Measure principals
- Four outcome measures that IDNs will calculate
- IDN will submit aggregate data to DHHS
- Measures will evaluate improvement in screening and follow-up
- Measures are designed to capture rates consistently not to measure all activity

IDN Calculated Measures

- Use of Comprehensive Core Standardized Assessment
- Follow-Up Plan for Positive Screenings for Potential Substance Use Disorder and/or Depression
- Use of selected U.S. Preventive Services Task Force (USPSTF) A&B Services for Behavioral Health Population
- Smoking and Tobacco Cessation Screening and Counseling

Use of Comprehensive Core Standardized Assessment

Use of Comprehensive Core Standardized Assessment - 1

Measure Description

- Percent of patients 12 years old and older
- With a visit to a IDN primary care or behavioral health Medicaid billing provider
- Who had a completed Comprehensive Core Standardized Assessment within the past year
- Also a DHHS outcome measure

Use of Comprehensive Core Standardized Assessment - 2

Measure Timeframe

- Calculated every 6 months
- Looks back at a rolling 12 month period
- Submitted to DHHS 3 months after the end of each six-month period
- First submission (due April 1, 2018) pilot six month period ending 12/31/17

Use of Comprehensive Core Standardized Assessment - 3

Eligible Population / Denominator Definition

- NH Medicaid patients 12 years and older at the end of the reporting period with a visit to an IDN Medicaid Billing Provider. The visit must have:
  - Occurred in the measure data reporting period
  - Occurred in an office or community-based setting (excludes hospital or other facility settings)
  - Been for a NH Medicaid billable service
  - Been conducted by a provider at a primary care or behavioral health practice
- Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans

Use of Comprehensive Core Standardized Assessment - 4

Numerator Definition

- Members in the eligible population whose EHR shows evidence of a completed Comprehensive Core Assessment within the past 12 months of the most recent visit that met criteria for denominator
- The assessment must meet what is documented in the IDN's implementation plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare
- How and where assessment occurs is not relevant as long as it occurs according to protocols/plan

Use of Comprehensive Core Standardized Assessment - 5

EHR shows evidence of a completed Comprehensive Core Assessment within the past 12 months of the most recent visit as defined in denominator

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NH Medicaid patients 12 years and older at the end of the reporting period with a billable non-facility visit to an IDN primary care or BH provider in an office or community-based setting

= %

Follow-Up Plan for Positive Screenings for SUD and/or Depression

Follow-Up Plan for Positive Screenings for SUD and/or Depression - 1

Measure Description

- Patients 12 years old and older
- With a visit to a IDN primary care or behavioral health Medicaid billing provider
- Where they were screened for SUD and/or depression
- Who had a positive screening for substance use disorder and/or depression
- Where an appropriate follow-up plan(s) is in place as documented in the EHR as of the date of the positive screening

Follow-Up Plan for Positive Screenings for SUD and/or Depression - 2

Measure Timeframe

- Calculated every 6 months
- Looks back at a 6 month period
- Submitted to DHHS 3 months after the end of each six-month period
- First submission (due April 1, 2018) pilot six month period ending 12/31/17

Follow-Up Plan for Positive Screenings for SUD and/or Depression - 3

Eligible Population / Denominator Definition

- NH Medicaid patients 12 years and older at the end of the reporting period who during a visit at an IDN Medicaid billing provider screened positive for substance use disorder and/or depression.
- The visit must have:
  - Occurred in the measure data reporting period
  - Occurred in an office or community-based setting (excludes hospital or other facility settings)
  - Been for a NH Medicaid billable service
  - Been conducted by a provider at a primary care or behavioral health practice
- Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans
- Screening tools are those documented in the IDN's implementation plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare as part of the Core Standardized Assessment
- Count of screenings for SUD and depression are reported separately

Follow-Up Plan for Positive Screenings for SUD and/or Depression - 4

Numerator Definition

- The number of screenings in the denominator that have a follow-up plan in place for SUD and/or depression documented in the EHR on the date of the positive screening(s).
- Note: The numerator is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.
- Follow-up plan is meets the requirements documented in the IDN's implementation plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare
- Count of screenings with follow-up plans for SUD and depression are reported separately

Follow-Up Plan for Positive Screenings for SUD and/or Depression - 5

$$\frac{\text{EHR shows evidence of follow-up plan on date of positive SUD screen} + \text{EHR shows evidence of follow-up plan on date of positive depression screen}}{\text{Positive screens for SUD of NH Medicaid patients 12 years and older at a primary care or BH provider} + \text{Positive screens for depression of NH Medicaid patients 12 years and older at a primary care or BH provider}} = \%$$

Note: IDNs report both numerators and denominators to DHHS

Use of Selected USPSTF Services for Behavioral Health Population

Use of Selected USPSTF Services for Behavioral Health Population

Measure Description

- Percent of patients 6 years old and older in the IDN's attributable behavioral health population*
- With a visit to a IDN primary care or behavioral health Medicaid billing provider in an office setting
- Who had all of the applicable selected USPSTF A&B services conducted within the recommended timeframes

*DHHS will provide IDN's attributed BH population

Use of Selected USPSTF Services for Behavioral Health Population

Measure Timeframe

- Calculated every 12 months
- Look back depends on service
- Submitted to DHHS 7 months after the end of each 12-month period
- First submission (due July 31, 2019) period ending 12/31/18

Use of Selected USPSTF Services for Behavioral Health Population

Eligible Population / Denominator Definition

- NH Medicaid patients 6 years and older in the IDN's attributable behavioral health population at the end of the reporting period with a visit to an IDN Medicaid Billing Provider. The visit must have:
  - Occurred in the measure data reporting period
  - Occurred in an office setting (excludes hospital or other facility settings)
  - Been for a NH Medicaid billable service
  - Been conducted by a provider at a primary care or behavioral health practice
- Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans

Use of Selected USPSTF Services for Behavioral Health Population

Numerator Definition

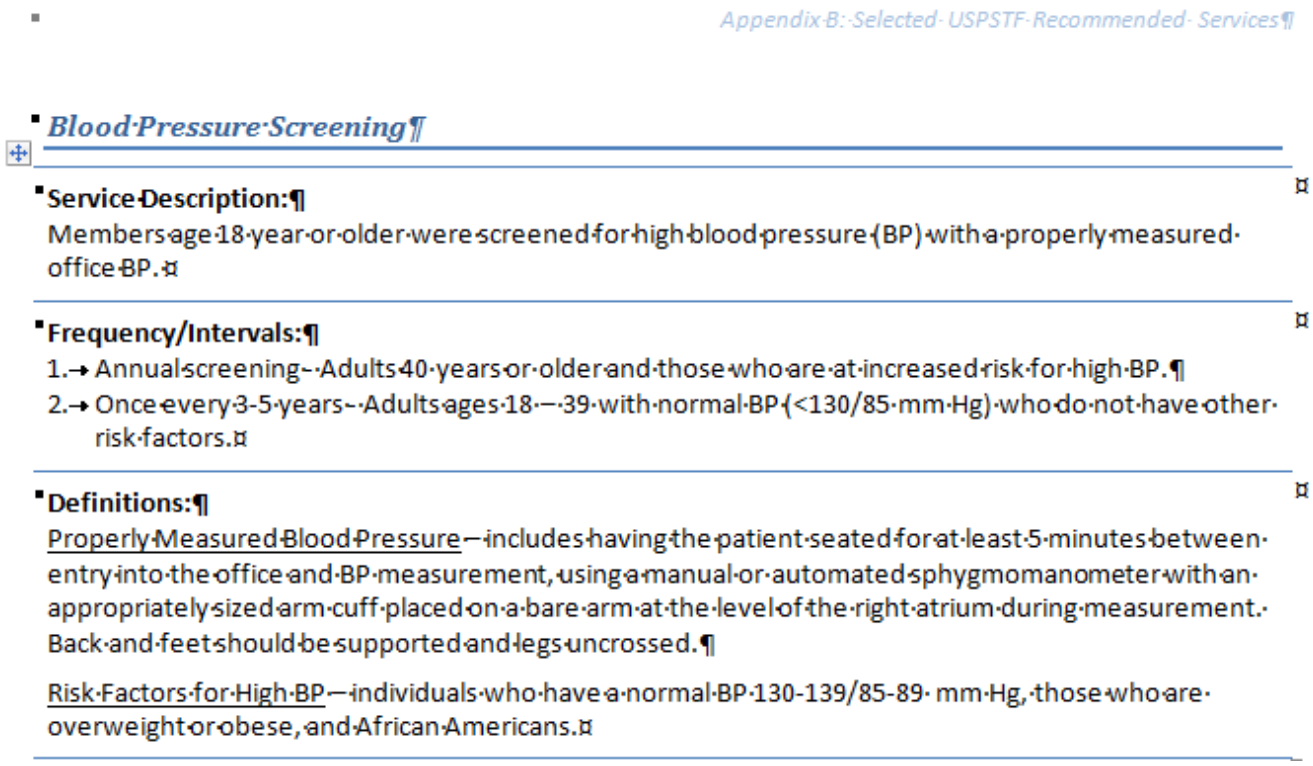
- Members in the eligible population with evidence that all applicable selected USPSTF services were conducted within the recommended timeframes of the most recent visit that met criteria for denominator
- The applicability of recommended services is variable based on the members age, gender, and risk factors.

Use of Selected USPSTF Services for Behavioral Health Population

USPSTF Applicable Services by Age and Gender		
Service	Males	Females
Blood Pressure Screening	18+	
Cardiovascular Disease Prevention High Risk	18+	
Diabetes Screening for Obese & Overweight Adults	40-70	
Tobacco Use Interventions	12-17	
Obesity Screening and Counseling Adult	18+	
Obesity Screening and Counseling Child	6-17	
Lipid Disorder Screening High Risk	20-34	20+
Lipid Disorder Screening	35+	N/A
Intimate Partner Violence Screening	N/A	18-49

Use of Selected USPSTF Services for Behavioral Health Population

- Appendix B provides details and guidance about each USPSTF service, including the recommended timeframes in which the service must occur.



Appendix B: Selected USPSTF Recommended Services¶

Blood Pressure Screening¶

Service Description:¶

Members age 18 year or older were screened for high blood pressure (BP) with a properly measured office BP.¤

Frequency/Intervals:¶

1. Annual screening – Adults 40 years or older and those who are at increased risk for high BP.¶
2. Once every 3-5 years – Adults ages 18 – 39 with normal BP (<130/85 mm Hg) who do not have other risk factors.¤

Definitions:¶

Properly Measured Blood Pressure – includes having the patient seated for at least 5 minutes between entry into the office and BP measurement, using a manual or automated sphygmomanometer with an appropriately sized arm cuff placed on a bare arm at the level of the right atrium during measurement. Back and feet should be supported and legs uncrossed.¶

Risk Factors for High BP – individuals who have a normal BP 130-139/85-89 mm Hg, those who are overweight or obese, and African Americans.¤

Use of Selected USPSTF Services for Behavioral Health Population

Subpopulations

- Four subpopulations are created for reporting:
  - Children Ages 6-17 with behavioral health conditions
  - Females Ages 18-49 with behavioral health conditions
  - Males Ages 18-49 with behavioral health conditions
  - Adults Ages 50 and older with behavioral health conditions.

Use of Selected USPSTF Services for Behavioral Health Population
A: BH Children Ages 6-17

- All applicable services have been conducted in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:
  - Obesity screening. Obese children should be offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status.
  - Tobacco use interventions, such as education and/or brief counseling to prevent tobacco use. (age 12 – 17 only).

Use of Selected USPSTF Services for Behavioral Health Population
Example - A: BH Children Ages 6- 17

Sample Patient

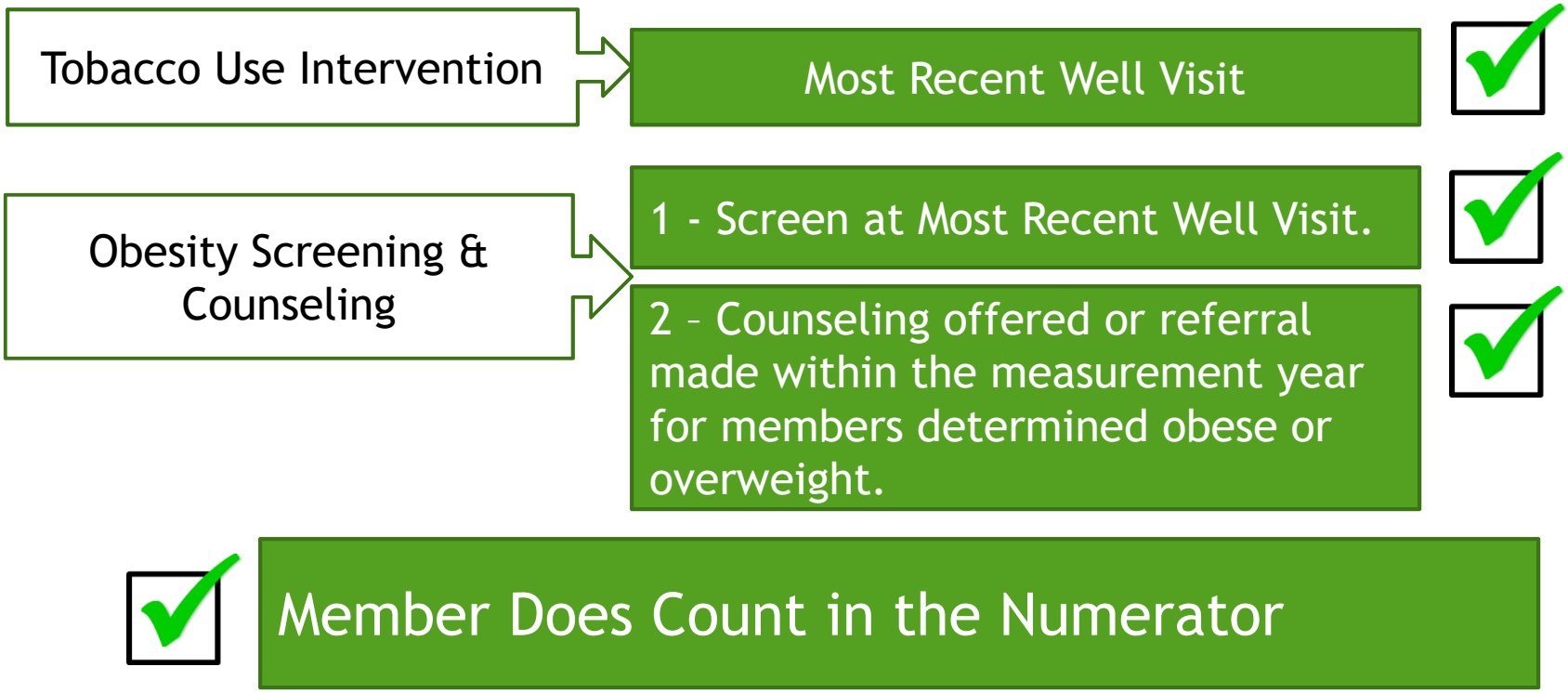
- Male – Age 17
- IDN BH Attributable population
- Office visit meeting measure criteria
- Obese

Applicable Services

☑ Obesity screening. Obese children should be offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status.

☑ Tobacco use interventions, such as education and/or brief counseling to prevent tobacco use. (age 12 – 17 only).

Use of Selected USPSTF Services for Behavioral Health Population Example - A: BH Children Ages 6- 17



Use of Selected USPSTF Services for Behavioral Health Population
B: BH Females Ages 18- 49

- All applicable services have been conducted in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:
  - Blood pressure screening.
  - Intimate partner violence screening, and if screened positive, are provided or referred to intervention services.
  - Lipid disorder screening high risk (Age 20-49 with risk for coronary heart disease only).
  - Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).
  - Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling (Age 40-49 only).
  - Obesity screening and counseling. Obese adults are offered or referred to intensive behavioral counseling.

Use of Selected USPSTF Services for Behavioral Health Population Example - B: BH Females Ages 18- 49

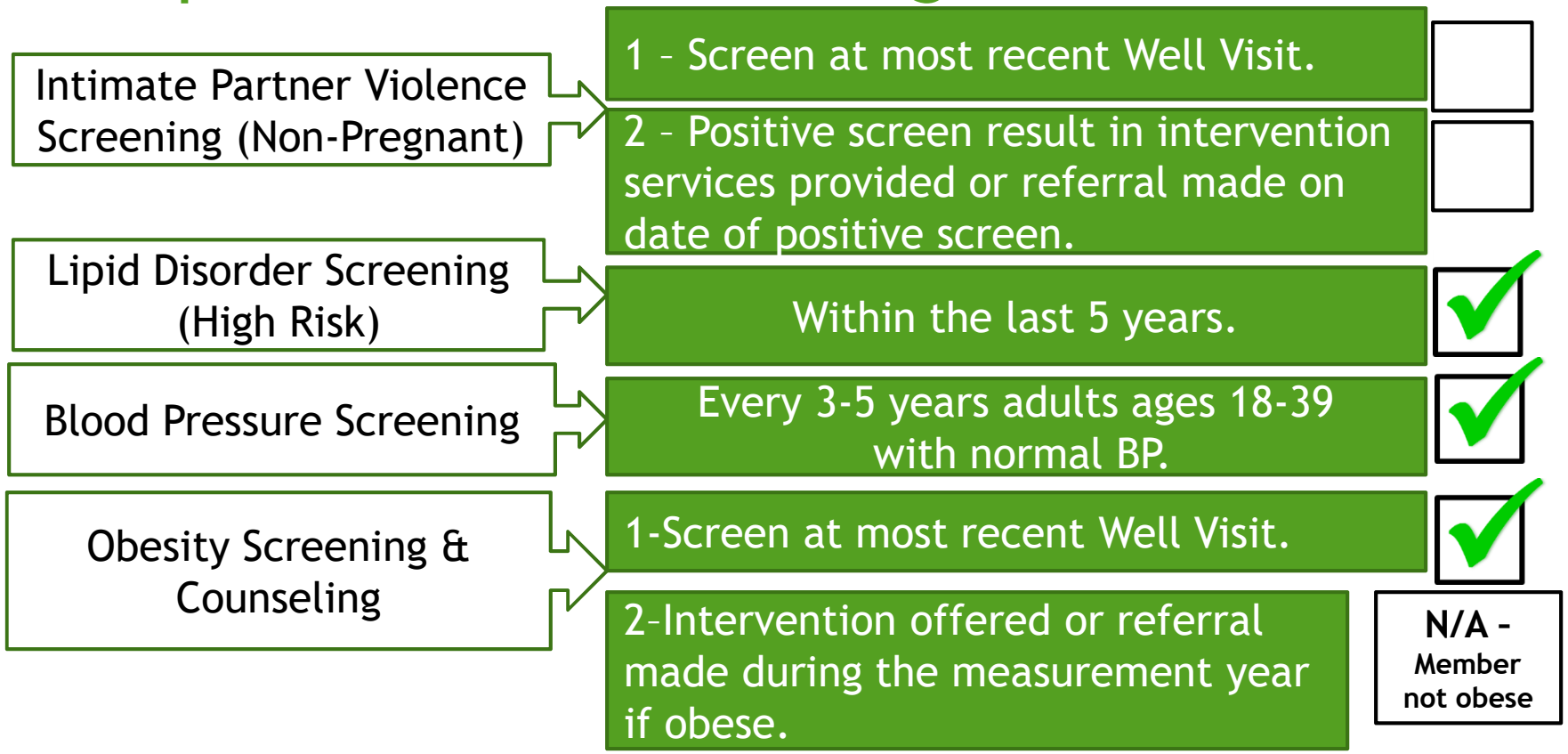
Sample Patient

- Female – Age 30
- IDN BH Attributable population
- Office visit meeting measure criteria
- Not Pregnant
- Not Obese
- Not at risk for cardiovascular disease
- Normal blood pressure
- At risk coronary heart disease (Smoking)

Applicable Services

- ☑ Blood pressure screening.
- ☑ Intimate partner violence screening, and if screened positive, are provided or referred to intervention services.
- ☑ Lipid disorder screening (Age 20-49 with risk for coronary heart disease only).
- ☐ Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).
- ☐ Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling (Age 40-49 only).
- ☑ Obesity screening and counseling. Obese adults are offered or referred to intensive behavioral counseling.

Use of Selected USPSTF Services for Behavioral Health Population
Example - B: BH Females Ages 18- 49



Member Does NOT Count in the Numerator

Use of Selected USPSTF Services for Behavioral Health Population
C: BH Males Ages 18- 49

- All applicable services have been conducted in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:
  - Blood pressure screening.
  - Lipid disorder screening high risk (Age 20-34 with increased risk of coronary heart disease)
  - Lipid disorder screening (Age 35-49 only)
  - Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).
  - Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling. (Age 40-49 only)
  - Obesity screening. Obese adults are offered or referred to intensive behavioral counseling.

Use of Selected USPSTF Services for Behavioral Health Population
D: BH Adults Age 50 and older

- All applicable services have been conducted in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:
  - Blood pressure screening.
  - High risk lipid disorder screening. (Females age 50 and older only with risk for coronary heart disease only).
  - Lipid disorder screening. (Male only)
  - Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling.(Age 50-70 only)
  - Obesity screening. Adults with high body mass index are referred to intensive behavioral counseling.
  - Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).

Use of Selected USPSTF Services for Behavioral Health Population

$$\frac{\text{Children ages 6-17 with all applicable USPSTF services.} + \text{Females adults age 18-49 with all applicable USPSTF services.} + \text{Male adults age 18-49 with all applicable USPSTF services.} + \text{Adults ages 50 and older with all applicable USPSTF services.}}{\text{Children ages 6-17*} + \text{Females ages 18-49*} + \text{Males ages 18-49*} + \text{Adults ages 50 and older*}} = \%$$

*In IDN's attributed BH population with a billable office service at an IDN primary care or BH provider

Note: IDNs report all numerators and denominators to DHHS

Smoking and Tobacco Cessation Screening and Counseling

Smoking and Tobacco Cessation Screening and Counseling

Measure Description

- Percent of patients 18 years old and older who were screened for tobacco use at least once in the past 24 months and if determined to be a tobacco user received cessassion counseling
- With a visit to a IDN primary care or behavioral health Medicaid billing provider in an office setting

Smoking and Tobacco Cessation Screening and Counseling

Measure Timeframe

- Calculated every 6 months
- Looks back at a rolling 24 month period
- Submitted to DHHS 3 months after the end of each 6 month period
- First submission (due October 1, 2018) for period ending 6/30/18

Smoking and Tobacco Cessation Screening and Counseling

Eligible Population / Denominator Definition

- NH Medicaid patients 18 years and older at the end of the reporting period with a visit to an IDN Medicaid Billing Provider, who screened positive for tobacco use in the past 24 months. The visit must have:
  - Occurred in the measure data reporting period
  - Occurred in an office setting (excludes hospital or other facility settings)
  - Been for a NH Medicaid billable service
  - Been conducted by a provider at a primary care or behavioral health practice
- Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans

Smoking and Tobacco Cessation Screening and Counseling

Numerator Definition

- Members in the eligible population who screened positive for tobacco use at least once in the past 24 months AND
- Received cessation counselling intervention (brief counseling, 3 minutes or less, and/or pharmacotherapy)

Smoking and Tobacco Cessation Screening and Counseling

Members screened for tobacco use within the past 24 months who were a tobacco user and received cessassion counseling intervention

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= %

NH Medicaid patients 18 years and older at the end of the reporting period with a billable non-facility visit to an IDN primary care or BH provider in an office based setting who were identified as a tobacco user in past 24 months